

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>000-030</u> <u>11861</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>JOHN P CONNOLLY</u> P.O. Box, Bldg., Room No., if any <u>AFTRA Suite 900</u> Street <u>5757 WILSHIRE Blvd.</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>AFTRA</u> <u>(AMERICAN FED. OF TV & RADIO ARTISTS)</u> Labor Organization File Number <u>000-030</u> P.O. Box, Building and Room Number, if any _____ Street <u>260 MADISON AVE</u> City <u>NEW YORK</u> State <u>N.Y.</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization. <u>NATIONAL PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/14/05</u> (323) <u>634-8125</u> Date Telephone Number

AFTRA

Name of Person Filing

JOHN P. Connolly

File Number U- 000-030

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AFTRA HEALTH & RETIREMENT FUNDS

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 261 MADISON AVE.City NEW YORKState NY ZIP Code + 4 10016

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer — Approximately 5,000 AFTRA SIGNATORY EMPLOYERS WHO CONTRIBUTE TO AFTRA H&R PER CBAs.

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name - SEE BELOW -

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

CONTACT AFTRA H&R FUNDS DIRECTOR AT ABOVE ADDRESS FOR FULL LIST OF APPROX. 5,000 CONTRIBUTING EMPLOYERS

11.a. Nature of such dealing.

Approximately \$100,000,000 per year in employer contributions to TAFT-HARTLY PENSION AND HEALTH PLAN.

11.b. Approximate dollar value of such dealing. \$100,000,000

12.a. Nature of interest held or income received.

REIMBURSED AND DIRECTLY PAID TRUSTEE EXPENSES: TRAVEL, LODGING, MEALS, AND TUITION/FEES FOR TRUST MEETING AND TRUSTEE EDUCATION

12.b. Amount. \$3826

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State _____ ZIP Code + 4 _____

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State CA ZIP Code + 4 _____

14.a. Nature of payment.

7/27/04	Dinner	\$ 2.00	*
8/30	Reception	1.00	*
9/13	Lunch	40	
9/17	reception	50	*+

8/30 Reception 100 *

9/13 Lunch 40

9/17 reception 50 *+

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name YUCAIPA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9130 W. SUNSET Blvd.

City L.A.

State CA ZIP Code + 4 90069

14.a. Nature of payment.

3/30/04: reception \$100 *
8/12/04: reception \$100 *
9/30/04: reception \$100 *

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

\$300

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

AMALGAMATED BANK

Trade Name, if any:

MS DEBRA GIARRAPA

P.O. Box, Bldg., Room No., if any

Street

15 UNION SQUARE

City

New York

State

NY

ZIP Code + 4

10003

14.a. Nature of payment.

3/8/04: dinner \$ 117
 5/19/04: LUNCH \$ 50
 12/25/04: gift \$ 38
 2/18/04: breakfast \$ 15

13.b. Is the Business an Employer

or Consultant ☒ ?

14.b. Amount of payment.

\$220

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

3/23/04: dinner \$150 *
11/8/04: SEMINAR \$ 50

13.b. Is the Business an Employer

or Consultant ☒ ?

14.b. Amount of payment.

\$200

Name of Person Filing

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FREEMAN ASSOCIATES

Trade Name, if any: MR. RON AUER

P.O. Box, Bldg., Room No., if any P.O. BOX 9210

Street

City RANCHO SANTA FE

State CA ZIP Code + 4 92067

14.a. Nature of payment.

2/4/04 dinner: \$100 *
3/7/04 dinner: \$70

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$170

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ENDEAVOR TALENT Agency

Trade Name, if any: MR. ARI EMMANUEL

P.O. Box, Bldg., Room No., if any

Street 9601 WILSHIRE Blvd

City BEVERLY HILLS

State CA ZIP Code + 4 90210

14.a. Nature of payment.

6/1/04: DINNER \$ 75

13.b. Is the Business an Employer

or Consultant

☒ ?

14.b. Amount of payment.

\$ 75

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

5/11/04: reception \$50*

13.b. Is the Business an Employer

or Consultant

☒

14.b. Amount of payment.

\$50